

**CABOT POLICE DEPARTMENT  
DISPATCHER/JAILER  
MINIMUM QUALIFICATIONS**

Applicant must be at least 18 years of age by employment date.

Applicant must have proof of high school diploma or G.E.D. equivalent.

Applicant must have a birth certificate issued by the state or country where they were born.

Applicant must have an original Social Security Card issued by the Social Security Administration.

Applicant must have a valid Arkansas Drivers License by employment date.

Applicant must have some basic typing skills.

Applicant cannot have any felony pleas or convictions.

Applicant cannot have any domestic violence pleas or convictions.

Applicant must be a United States Citizen.

Applicant must be of good moral character.

Applicant must be able to physically and mentally react to a variety of emergency situations.

Applicants must have good social skills and general intelligence with the ability to communicate effectively, both orally and written.

Applicant must have the ability to successfully complete all assigned training programs and/or classes.

Applicant must have the physical ability to book in prisoners and reasonably maintain their safety.

Applicant must have a home telephone at time of employment.

The listed information is intended to describe the general nature and expectations of this position and is not considered a complete statement of duties, responsibilities, and requirements.

Acknowledged \_\_\_\_\_ Date \_\_\_\_\_

## CONTACT SHEET

**PLEASE PRINT**

NAME: \_\_\_\_\_  
Last First Middle (Maiden)

ADDRESS: \_\_\_\_\_  
Number / Street City State Zip Code

PHONE NUMBER: \_\_\_\_\_  
Area Code

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_  
Number Class State

DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICANT PRELIMINARY QUESTIONNAIRE

1. Are you a legal citizen of the United States? .....YES/ NO
2. Will you submit to drug testing? .....YES/ NO
3. Will you take a polygraph examination? .....YES/ NO
4. Have you, or will you, receive a discharge from military duty under honorable conditions? (Honorable, General, etc.).....N/A / YES/ NO
5. Are you currently on probation for driving while intoxicated or any other traffic offense?.....YES/ NO
6. Have you been convicted of driving while license suspended or failure to show identification within the last 5 years?.....YES/ NO
7. Have you had 3 or more moving traffic convictions within the past 12 months? .....YES/ NO
8. Have you had 6 or more moving traffic convictions within the past 24 months? .....YES/ NO
9. Have you been convicted for driving while intoxicated or driving under the influence of drugs or alcohol within the last 10 years? .....YES/ NO
10. Have you ever committed, pled guilty, or been convicted of a Felony?...YES/ NO
11. Have you ever been convicted for a crime involving a sex offense? .....YES/ NO
12. Have you ever used, sold, or delivered any illegal drugs? .....YES/ NO
13. Have you ever been convicted or plead guilty to Domestic Violence?.....YES/ NO
14. Have you ever been charged with a crime or violation, that could have resulted in jail time and or a fine of \$100.00 or more? .....YES/ NO
15. Has your driver's license ever been revoked or suspended? .....YES/ NO

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for the Cabot Police Department

## **Applicant Please Notice:**

All information on this application **must** be complete. Do **not** leave any spaces blank. If a question or item does not apply to you, then you should answer N/A.

Where names and addresses are requested, they must be completed with person's name(s), street names, address numbers, city, state, and zip codes. Any incomplete applications will not be considered for employment.

**STATE OF ARKANSAS**

**COMMISSION**

**ON**

**LAW ENFORCEMENT STANDARDS**

**AND TRAINING**

**PERSONAL HISTORY STATEMENT**

# PERSONAL HISTORY STATEMENT

\_\_\_\_\_  
Law Enforcement Agency

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

**INSTRUCTIONS:** Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

## PERSONAL

1. NAME \_\_\_\_\_  
First Middle Last Social Security Number

Nicknames or Aliases \_\_\_\_\_

2. Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs.

3. Present Mailing Address: \_\_\_\_\_  
Street and Number City State Zip Code

Permanent Mailing Address: \_\_\_\_\_  
Street and Number City State Zip Code

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other- Specify \_\_\_\_\_

6. List organizations, clubs, and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. \_\_\_\_\_

## MARITAL

8. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced  
☐ Engaged ☐ Separated ☐ Widowed

9. Names of Spouse or Fiancée \_\_\_\_\_

10. If married, are you living with your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, state reasons: \_\_\_\_\_

11. Have you ever been separated or divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, give date and location of court or jurisdiction. \_\_\_\_\_

12. Give the following information concerning your spouse's parents:

	NAME	ADDRESS
Father		
Mother		

13. List below every child born to you:

NAME	BIRTHDATE	PLACE OF BIRTH	WITH WHOM RESIDES

14. Are you now supporting all children born to you, adopted by you and stepchildren? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Have you ever been involved as defendant in a paternity proceeding? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give date and court or jurisdiction: \_\_\_\_\_

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### **REFERENCES:**

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE



**FAMILY HISTORY:**

17. List your parents, brothers, and sisters:

	NAME	ADDRESS	TELEPHONE
Father			
Mother			
Bro./Sis.			
Bro./Sis.			
Bro./Sis.			

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, complete the following:

**DATE**                      **LOCATION**                      **CHARGE**                      **DISPOSITION**

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**FINANCIAL:**

19. Do you have life insurance and/or hospitalization insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Have you a savings account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

21. Have you a checking account? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank \_\_\_\_\_ City and State \_\_\_\_\_

Bank \_\_\_\_\_ City and State \_\_\_\_\_

22. Do you own or have an interest in any type of business dealing in alcohol?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give name, location and type of business.

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23. Do you own or are you buying your own home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

24. Do you own or are you buying other real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give name of agency holding mortgage:

Bank or Company \_\_\_\_\_ City and State \_\_\_\_\_

25. List motor vehicles that you own or are buying or leasing:

MAKE	MODEL	YEAR	AMOUNT OWED

26. What income other than salary do you have at present? Include spouse's salary.

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27. List Credit References:

<hr/> Name of Firm	Amount Owed <hr/>
<hr/> Street Address	<hr/> City and State
<hr/> Name of Firm	Amount Owed <hr/>
<hr/> Street Address	<hr/> City and State
<hr/> Name of Firm	Amount Owed <hr/>
<hr/> Street Address	<hr/> City and State
<hr/> Name of Firm	Amount Owed <hr/>
<hr/> Street Address	<hr/> City and State
<hr/> Name of Firm	Amount Owed <hr/>
<hr/> Street Address	<hr/> City and State

28. What is your total indebtedness at present? \_\_\_\_\_
29. Have your creditors treated you fairly? \_\_\_\_\_. If not, explain: \_\_\_\_\_  
\_\_\_\_\_
30. Have you ever been sued? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**RESIDENCES:**

31. List addresses for past 10 years starting with **present** address at top:

FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

**WORK HISTORY:**

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give detail below: \_\_\_\_\_  
\_\_\_\_\_
33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details: \_\_\_\_\_  
\_\_\_\_\_
34. Have your employers always treated you fairly? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_
35. Do you object to wearing a uniform? \_\_\_\_\_ Yes \_\_\_\_\_ No

36. Do you object to working nights? \_\_\_\_\_ Yes \_\_\_\_\_ No
37. Do you object to working shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No
38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

B. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

C. Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

D. Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date Employed:		
Date Separated:		
Full-time	Yrs.	Mos.
Part-time	Yrs.	Mos.
If Part-time, # of hours worked Per week:		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

39. Have you previously submitted an application for employment with this agency? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Approximate date: \_\_\_\_\_

## **MILITARY SERVICE**

40. Were you ever in this U.S. Military Service or any other military organization? \_\_\_\_ Yes \_\_\_\_ No  
Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_ Date of Enrollment \_\_\_\_\_  
Date of Discharge \_\_\_\_\_ Service Number \_\_\_\_\_ Highest Rank \_\_\_\_\_
41. List medals and decorations: \_\_\_\_\_  
\_\_\_\_\_
42. Type of Discharge: \_\_\_\_\_
43. If you are presently a member of the National Guard or any military reserve, give the unit, location and describe your obligation: \_\_\_\_\_  
\_\_\_\_\_
44. List all schools attended:

Name of School	Location (City and State)	From Month & Year	To Month & Year	Year Completed
Grade				
High School				
College or University				

45. Did you either graduate from high school or pass the high school equivalency test? \_\_\_\_ Yes \_\_\_\_ No
46. List college degrees received and major field of each. Include incomplete courses: \_\_\_\_\_  
\_\_\_\_\_
47. Were you ever expelled from any school or were you ever disciplined by any school official?  
\_\_\_\_ Yes \_\_\_\_ No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ARREST AND MILITARY DISCIPLINARY**

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? \_\_\_\_ Yes \_\_\_\_ No If yes, give details below:  
**A. Crime Charged** \_\_\_\_\_ **Police Agency** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Disposition of Case** \_\_\_\_\_

**B. Crime Charged** \_\_\_\_\_ **Police Agency** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Disposition of Case** \_\_\_\_\_

49. Have you ever been placed on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details below:

50. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details:

51. Have you ever been reported as a missing person or as a runaway? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give complete details, including jurisdiction, dates, and outcome: \_\_\_\_\_

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain below:

53. List any disciplinary action taken against you in the National Guard or other reserve until: \_\_\_\_\_

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_ Purpose \_\_\_\_\_

55. Can you operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

56. Do you possess a valid operator's license from the State of Arkansas? \_\_\_\_\_ Yes \_\_\_\_\_ No

57. Do you possess an operator's license issued by any state other than Arkansas? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give state and number \_\_\_\_\_

58. Was your license ever suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No If yes, state which and give reasons: \_\_\_\_\_
59. Was your license ever restored. \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_
60. Have you ever been refused an operator's license by any state? \_\_\_\_ Yes \_\_\_\_ No
61. Have your driving privileges ever been restricted? \_\_\_\_ Yes \_\_\_\_ No If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
62. Has a motor vehicle being driven by you ever been involved in an accident? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, give complete details for each accident whether collision or non-collision: \_\_\_\_\_  
 Date: \_\_\_\_\_ Police Investigation? \_\_\_\_ Yes \_\_\_\_ No  
 Location: \_\_\_\_\_ Cause of Accident \_\_\_\_\_
- 
- Date: \_\_\_\_\_ Police Investigation? \_\_\_\_ Yes \_\_\_\_ No  
 Location: \_\_\_\_\_ Cause of Accident \_\_\_\_\_
- 
63. List any convictions for minor traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

### **ATTITUDES**

64. What do you consider to be the current social problems of greatest concern?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
65. What are your experiences and beliefs concerning the use of alcoholic beverages?  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*NOTICE\*\***

**THE FOLLOWING TWO PAGES MUST BE SIGNED  
IN THE PRESENCE OF A NOTARY PUBLIC**



66. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

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67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? \_\_\_\_\_

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**CAREER OBJECTIVES**

68. Explain briefly your reasons for applying for this position: \_\_\_\_\_

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I hereby certify that all statements made in this questionnaire are true and complete and understand that Any misstatements of material facts will subject me to disqualifications or dismissal.

\_\_\_\_\_  
Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

\_\_\_\_\_  
NOTARY PUBLIC, THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, 20\_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.
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**CABOT POLICE DEPARTMENT  
WAIVER AND RELEASE OF ALL CLAIMS  
AND  
WAIVER OF RIGHT TO INSPECT  
BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, am applying for the position of Dispatcher/Jailer with the Cabot Police Department. I understand, in order to gauge my fitness for the position, the City of Cabot must conduct a thorough and complete background investigation. I understand, to facilitate a thorough and complete background investigation and to insure complete candor on the part of those providing the necessary information, I must:

- A. consent to the City's conduct of the background investigation;
- B. waive any and all claims I might otherwise have against those individuals who cooperate and provide information to the City; and
- C. waive my right to review the complete background investigation.

**WHEREFORE**

I, \_\_\_\_\_, for and in consideration of the City of Cabot's consideration of my application for the position of Dispatcher/Jailer, do hereby specifically authorize the City of Cabot to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City and/or any of its officials or employees that may otherwise accrue to me as a result of the City's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of the background investigation, I am herein forfeiting any and all rights to bring legal action against or seek redress in the courts from the City or any of its officials or employees. Even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And also, for and in consideration of the City of Cabot's consideration of my application for the position of Dispatcher/Jailer, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by an official or employee of the City and to provide the City, or any official or employees, any requested document, information, record or file concerning me. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individuals that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of the individuals cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all rights to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individuals negligence or actual malice or any other failure on the individuals part to satisfy any duty owed to me.

**(Continued On Other Side)**

And also, for and in consideration of the City of Cabot's consideration of my application for the position of Dispatcher/Jailer, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Arkansas Freedom of Information Act, Ark. Code Ann. State Statute 24-19-101 et. Seg. to review and/or copy the background investigation completed on me or any part thereof.

**A copy of the waiver and release shall be deemed as effective as the original.**

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position of Dispatcher/Jailer, the Waiver and Release shall be effective for a period of one year from the date of my execution hereof. My waiver of right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the Laws of the State of Arkansas and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and all successors and assigns, are bound by the terms of this hereto and its terms and contractual and are not mere recital.

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Applicant Signature

I have carefully read the above and foregoing Waiver and Release in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

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Applicant Signature

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Date

**Applicant, Do Not Write Below This Line**

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STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED and SWORN to before me, a Notary Public,  
this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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Notary

My Commission Expires: \_\_\_\_\_